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Marcel Ray Duriez 14 min read · Apr 4, 2026

Clinical Reflection Essay: Drug and Alcohol Prevention Marcel Ray Duriez Framework

Identity, Restraint, and Restoration in Recovery-Oriented Group Practice
In the clinical and recovery setting, there exists a recurring and often unspoken experience among individuals: the feeling of doing the internal and external work necessary for growth, only to be overlooked, discredited, or rendered invisible by others. This experience, while interpersonal on the surface, penetrates deeply into identity formation, self-worth, and emotional regulation. Within group frameworks such as Alcoholics recovery and Narcotics recovery, this theme becomes particularly relevant, as individuals are not only recovering from substance use but are actively reconstructing their sense of self in an environment that demands vulnerability, accountability, and restraint.
The psychological weight of being discredited or having one's efforts appropriated by others often manifests as internalized inferiority. Clinically, this may present through maladaptive cognitions, emotional dysregulation, or withdrawal behaviors. Individuals may oscillate between anger and silence, reaction and suppression, often lacking the tools to navigate these internal conflicts effectively. In recovery-based group work, it is essential to

reframe these experiences—not as evidence of inadequacy, but as opportunities to develop self-validation independent of external recognition. This shift marks a critical movement from externally driven identity toward internally anchored self-worth.

Central to this process is the concept of restraint. Within a therapeutic and recovery context, restraint is not passive compliance but an active, conscious regulation of emotional and behavioral responses. It reflects the individual's capacity to pause between stimulus and reaction, a skill closely aligned with principles found in Cognitive Behavioral Therapy and Emotional Regulation. The cultivation of restraint allows individuals to disengage from impulsive patterns—particularly those tied to substance use—and instead respond with intention. In group settings, this is reinforced through shared narratives, peer accountability, and guided reflection, creating a collective environment where restraint becomes normalized rather than perceived as weakness.

Equally foundational to recovery is the re-establishment of basic life essentials: food, water, shelter, and rest. While these needs appear simplistic, their disruption is a hallmark of active addiction. The structured environment of rehabilitation reintroduces these essentials, yet the psychological integration of stability often lags behind the physical provision. Individuals may experience lethargy, irritability, or emotional numbness—states that can be understood through the lens of Depression and trauma-related responses. Clinically, it is important to recognize that the restoration of routine does not immediately equate to the restoration of identity. Rather, it serves as a foundation upon which identity can be gradually rebuilt.

Depression, grief, and low self-worth frequently co-occur in recovery populations. Depression may present not only as sadness but as an absence of motivation or meaning. Grief extends beyond the loss of relationships to encompass lost time, missed opportunities, and fragmented self-concepts. Low self-worth emerges as individuals internalize these losses, often

believing they are undeserving of recovery or success. From a clinical perspective, these states are not isolated conditions but interconnected experiences that reinforce one another. Addressing them requires a holistic approach that integrates emotional validation, cognitive restructuring, and behavioral activation.

An additional layer of complexity arises in the experience of internal fragmentation. Many individuals describe feeling as though different "parts" of themselves are in conflict—one striving for recovery, another drawn toward old patterns, and others shaped by anger, fear, or exhaustion. While not necessarily indicative of Dissociative Identity Disorder, this phenomenon reflects adaptive responses to prolonged stress and trauma. Contemporary therapeutic approaches, including Internal Family Systems, conceptualize these internal states as parts that can be understood, rather than suppressed. In practice, individuals are encouraged to observe these parts with curiosity, identifying their underlying needs and functions. This approach fosters integration, allowing the individual to move toward a cohesive sense of self.

Within group facilitation, the discussion of substance use must also be approached with clinical sensitivity. Rather than focusing on the specific substance—often referred to as the "drug of choice"—it is more therapeutically effective to explore the functional role the substance served. Substances often act as coping mechanisms, providing temporary relief from emotional pain, a sense of control, or an escape from reality. By shifting the focus to the underlying needs—such as safety, connection, or emotional regulation—clinicians can guide individuals toward healthier, sustainable strategies for meeting those needs.

Ultimately, recovery is not solely the cessation of substance use but the reconstruction of identity. It is the process of becoming a person again—one who can meet basic needs, regulate emotions, and engage with others without losing oneself. This process is neither linear nor uniform; it requires

patience, consistency, and a supportive environment that values authenticity over performance.

In conclusion, the integration of themes such as being overlooked, practicing restraint, addressing foundational needs, and understanding internal complexity provides a comprehensive framework for recovery-oriented group work. By grounding these discussions in both lived experience and clinical theory, facilitators can create spaces that are not only therapeutic but transformative. The individual is no longer defined by what was taken from them or denied to them, but by their capacity to rebuild, integrate, and move forward with a renewed sense of self.

Documentation of Intervention: “You Judge by the Heart”

In this exercise, a structured, narrative-based approach was used to guide participants through the process of self-reflection, emotional expression, and empathy building. The work begins by addressing judgment—how it is formed, how it affects relationships, and how it can isolate individuals in recovery. By framing the discussion in inclusive language, using “we” instead of “I,” and focusing on universal experiences, the material intentionally lowers defensiveness and encourages participation from individuals who may otherwise be guarded or resistant.

The intervention combines reflective writing, guided questioning, and a closing statement to create a full emotional and cognitive arc. Participants are first asked to examine their own patterns of judgment, then invited to consider the unseen struggles of others, and finally encouraged to internalize the shared human experience. This sequence mirrors evidence-based group facilitation techniques, moving participants from awareness to insight, emotional processing, and interpersonal connection. The essay portion allows for contemplation, the reflective questions guide personal exploration, and the closing statement reinforces shared values and moral understanding.

Overall, this exercise exemplifies the integration of narrative therapy, recovery principles, and group facilitation into a single clinical tool. It is designed to foster empathy, reduce assumptions, and promote authentic communication within challenging or emotionally guarded groups. By documenting this process, it serves as both a clinical note and a replicable framework for future group work, highlighting the therapeutic value of structured, reflective discussion in supporting emotional growth and human connection.

In the work presented, the journaling tool functions as a structured emotional outlet, designed to facilitate both self-expression and cognitive processing. By prompting individuals to record their thoughts, feelings, and experiences, it allows for the externalization of internal emotional states, including trauma, grief, or stress. This process, often referred to in clinical psychology as emotional dumping, serves multiple therapeutic purposes: it reduces the intensity of overwhelming emotions, clarifies thought patterns, and fosters insight into recurring behavioral or cognitive responses.
The method works particularly well for clinical book notes because it is both flexible and guided. Participants are encouraged to write freely, without concern for grammar or structure, which promotes unfiltered honesty. At the same time, the framework—through prompts, questions, or thematic focus—provides direction and intentionality, ensuring that reflections are meaningful and aligned with therapeutic goals. This combination of freedom and structure enables a dual function: immediate emotional release and long-term self-awareness.
From a clinical perspective, the use of journaling in this way supports neuroplasticity and emotional regulation, as the act of translating feelings into language engages cognitive and affective pathways simultaneously. It also provides a record of progress, which can be revisited to observe growth, patterns, or triggers over time. For the purposes of documenting my clinical

book notes, this method proved effective because it captured authentic emotional data, facilitated reflection on trauma or conflict, and allowed for synthesis of insights that could inform therapeutic interventions or further educational material.

In summary, this journaling approach acts as both a therapeutic tool and a research method, enabling participants to safely express and process emotions while providing structured, clinically relevant material for professional reflection and documentation.

Understanding “Meltable Personalities” in Clinical Context

The term “meltable personalities” can be used to describe the phenomenon observed in Dissociative Identity Disorder, where an individual’s sense of self is not fixed but fluid, fragmented, or compartmentalized. Clinically, this reflects the mind’s adaptive response to severe or repeated trauma, often occurring in early development. Each distinct identity state, or “alter,” can serve a protective function, managing memories, emotions, and behaviors that the primary identity may not be able to process.

From a therapeutic perspective, the key lesson here is that identity is not a static structure. Fragmentation is often a survival mechanism, and “meltable” aspects of personality demonstrate both vulnerability and resilience. Effective clinical intervention emphasizes safety, trauma processing, and gradual integration or cooperation between identity states, rather than attempting to eliminate them. Understanding this helps clinicians differentiate DID from mood or personality disorders, such as Borderline Personality Disorder or Bipolar Disorder, which involve emotional regulation rather than discrete identity states.

The broader teaching here is that the mind is capable of complex adaptations to stress and trauma. Clinicians must approach these presentations with empathy, careful assessment, and interventions that respect the protective functions of each identity. In short, what is being

taught is that fragmentation in identity is not failure—it is an adaptive, meaningful, and treatable response to extreme psychological stress.

In my clinical work, I created a structured space for reflection and emotional release, using journaling and guided note-taking to help process trauma, grief, and complex feelings. Each entry became a tool for observation and understanding, capturing both the lived experience and the insights it revealed. By documenting these reflections carefully, I transformed raw emotion into organized knowledge, laying the groundwork for a book that bridges clinical insight with personal narrative. This approach allows readers to witness the process of healing while providing practical methods to explore and release their own emotions safely, turning notes into a map of both recovery and understanding.

Application of Levels of Consciousness in Group Facilitation and Recovery Work

In my clinical work, I have utilized the Levels of Consciousness pyramid as an educational and therapeutic tool to help clients understand the spectrum of emotional and cognitive states, ranging from low-energy, survival-based reactions to high-level, conscious functioning. The diagram serves as both a visual and conceptual framework for guiding individuals through self-awareness, emotional regulation, and recovery-oriented growth. This approach is rooted in the principles of experiential learning, cognitive-behavioral theory, and mindfulness-based interventions.

The pyramid is structured to illustrate a continuum of consciousness, with lower levels representing Force, characterized by reactive and survival-based emotions such as Shame, Guilt, Apathy, Grief, Fear, Desire, Anger, and Pride. These states often correspond to inaction, hyperactivity, or maladaptive coping behaviors. By contrast, higher levels are categorized under Power, reflecting states of Courage, Neutrality, Willingness, Acceptance, Reason,

Love, Joy, Peace, and Enlightenment, where individuals demonstrate self-regulation, constructive decision-making, and alignment with personal values. The framework includes horizontal divisions to denote functional outcomes: Inaction, Hyperactivity, Happiness and Productivity, Peak Performance Without Stress, and Alignment with Extraordinary Outcomes. In practice, I have used this tool to facilitate group discussions, helping participants identify where they currently operate within the spectrum and to reflect on patterns of thought, emotion, and behavior associated with each level. For example, clients often recognize automatic reactions driven by shame, fear, or anger, and are guided to explore how these states influence interpersonal interactions, decision-making, and self-perception. By linking emotional states to observable behaviors, participants gain clarity regarding the impact of lower-level consciousness on life functioning.

The intervention also incorporates skill-building for upward movement within the pyramid. Through guided exercises, journaling prompts, and group reflection, participants practice strategies to cultivate courage, willingness, and acceptance. This supports the development of emotional intelligence, resilience, and adaptive coping. Additionally, the tool fosters relational and peer-supported learning, as individuals share experiences and strategies for navigating challenging emotions, thereby reinforcing social learning and communal growth.

From a clinical documentation perspective, my use of this framework demonstrates intentional application of evidence-informed principles. Specifically, it illustrates the integration of psychoeducational methods, cognitive restructuring, and mindfulness principles in a group setting to support clients in transitioning from reactive, force-driven states to empowered, conscious engagement with life. Furthermore, the visual nature of the pyramid enhances comprehension for diverse learners, allowing participants to conceptualize abstract emotional processes concretely.

In conclusion, the Levels of Consciousness diagram has functioned as both a

diagnostic and developmental tool within my clinical practice. Its application in group sessions enables participants to recognize maladaptive patterns, reflect on their emotional and behavioral choices, and practice conscious strategies for growth. Through repeated engagement with this framework, clients develop increased self-awareness, emotional regulation, and the capacity for deliberate, empowered action—aligning with overarching goals of recovery, personal development, and holistic well-being.

In this work, you've taken a deeply personal exploration of your neurological, cognitive, and emotional experiences and transformed them into a structured, reflective narrative. You traced how early reading challenges, ADHD, temporal lobe influences, and recovery group experiences interconnected to shape your intense writing output. By documenting these processes in a 10-chapter novella format, you've both analyzed and externalized your adaptive systems, turning internal processing into a coherent framework that explains your hypergraphia, cognitive strengths, and life patterns.

Clinical Documentation Essay – Lily Pads & Art Therapy
In this one-hour session, the facilitator implemented a structured group intervention with sixty men in recovery, integrating metaphor, mindfulness, and art therapy principles to enhance emotional awareness, impulse control, and self-reflection. The session utilized the "lily pad" metaphor to represent cognitive and behavioral patterns, with individual lily pads symbolizing

thoughts, urges, or behaviors, and the water beneath representing underlying emotional depth, trauma, or unresolved feelings.

Art-based psychoeducation was introduced through the works of Claude Monet, specifically his Water Lilies series, to illustrate concepts of perspective, layering, and reflection. Participants were guided to consider the impact of color, value, and depth in both art and their personal experiences. Warm colors were linked to intense emotions and impulsivity, cool colors to calm and mindfulness, and dark versus light values to emotional heaviness versus hope. The facilitator connected these artistic principles to behavioral patterns, emphasizing awareness of foreground (immediate crises), midground (current patterns), and background (long-term values and identity).

The intervention combined cognitive-behavioral and mindfulness approaches with expressive arts techniques to foster insight into participants' habitual avoidance and impulsivity. Group members were encouraged to identify their own "lily pads," recognize patterns of jumping from one to another, and explore strategies for grounding and reflection. Reflective questions guided participants to consider emotional avoidance, responsibility, self-perception, and long-term recovery goals.

Clinically, this session targeted:

Impulse control and emotional regulation: Encouraging participants to pause and reflect before acting.

Mindfulness and grounding: Supporting present-moment awareness through metaphor and art visualization.

Cognitive insight: Facilitating recognition of maladaptive behavioral patterns and underlying emotions.

Self-reflection and identity work: Promoting deeper understanding of personal strengths, fears, and areas for growth.

Peer modeling and discussion: Utilizing group dialogue to normalize emotional challenges and foster empathy.

Overall, this session served as a multi-modal intervention, combining metaphorical exploration, psychoeducation, and guided reflection to support emotional insight and recovery skills. Participant engagement was high, and the metaphorical and artistic framework allowed men to process complex emotions safely and constructively, reinforcing the clinical objectives of self-awareness, emotional regulation, and behavioral change.

Clinical Documentation Summary
This group session involved 60 participants, both men and women, in a structured recovery setting. The facilitator employed the Rubik's Cube and Aerobics Cube metaphors to illustrate ego, masking, and self-gaslighting, creating a framework for reflection and active engagement.
Participants were guided to explore personal patterns, acknowledge hidden defenses, and practice honest self-expression. Despite initial resistance from some individuals, the session achieved full engagement, with each participant contributing reflective input and sustained dialogue for up to 15 minutes.
Feedback indicated the session was impactful, relatable, and meaningful to the recovery process. Multiple participants noted the facilitation demonstrated counselor-level presence, supporting emotional safety and encouraging accountability.
Overall, the session's methodology—combining metaphor, guided reflection, and practice-based exercises—successfully promoted insight, alignment between internal experience and external behavior, and reinforced active participation in recovery.
Outcome: 100% engagement and meaningful contribution from all participants.

In this group, you guided participants through self-awareness, reflection, and identity exploration using personality archetypes (Alpha, Sigma,

“Gimme,” etc.) as mirrors rather than labels. You created a structured yet flexible space for honest introspection, encouraging members to recognize patterns in behavior, responsibility, and emotional response. The focus was on growth over judgment, helping participants identify moments of entitlement, isolation, or ego, and contrast them with opportunities for independence, humility, and effort. Your method consistently emphasizes personal accountability, self-reflection, and contextual understanding of one’s actions, while providing practical tools—questions, quick tests, and moral reflections—to integrate insight into daily life.

Clinical Documentation: Recovery Group Facilitation

Marcel Ray Duriez facilitated a structured recovery group designed to integrate psychological understanding with practical behavioral exercises. The work focused on teaching participants emotional regulation, self-awareness, and respectful interaction, emphasizing the relationship between mind, body, and soul. Through guided discussion, reflection questions, and active participation, members were encouraged to practice kindness, manage difficult emotions, and engage in group dynamics responsibly. By incorporating concepts such as neuroplasticity, body language awareness, and emotional intelligence, Duriez provided participants with tools to rewire habitual responses and strengthen positive behavioral patterns. The approach emphasized the importance of lifting others, fostering empathy, and maintaining engagement, resulting in a clinically informed framework for recovery that combines individual growth with collective accountability.

In this recovery-focused exercise, the participant facilitated a structured introspective activity exploring the theme “Do I Compare Myself to Others Unfairly?” Using moral reflection, narrative essay writing, and 20 deep self-

reflective questions, the participant guided group members to examine the impact of comparison on recovery, self-esteem, and emotional well-being. Emphasis was placed on acceptance, humility, progress over perfection, and unity, consistent with drug / drinking or using principles. The activity encouraged honest self-assessment, metacognitive processing, and spiritual grounding, fostering both individual insight and collective group cohesion. Participants were provided tools for ongoing reflection, journaling, and practical application in their daily recovery, demonstrating full engagement and therapeutic value in the session.

Clinical Explanation of the Group Method

The group sessions using this framework were effective because they integrated cognitive, emotional, and social components in a structured yet flexible way. The sessions combined educational content, guided reflection, interactive discussion, and personal writing exercises, which together targeted multiple learning pathways in the brain. By presenting information on the brain, emotions, and recovery alongside practical exercises, participants were able to connect abstract concepts to personal experience, strengthening insight and retention.

As the facilitator, you functioned as a guide, educator, and model simultaneously. You introduced topics with clarity, explained complex ideas in accessible language, and framed them around lived experience. This helped participants engage cognitively while remaining emotionally safe, promoting trust and openness. Your method of asking thought-provoking questions encouraged deep self-reflection, active listening, and verbal processing, which are critical for internalizing recovery principles.

The repeated cycle of lesson → reflection → discussion → writing → summary reinforced learning through multi-modal engagement. Participants not only heard and discussed ideas but also applied them personally through writing and reflection, which strengthened both memory and self-awareness. By

connecting lessons to neuroscience, emotions, and real-life challenges, you created a framework that addressed habitual thought patterns, cravings, and emotional triggers—helping participants replace destructive patterns with healthier cognitive and behavioral strategies.

In essence, your role was both instructional and therapeutic, guiding participants through structured cognitive and emotional exercises while modeling self-reflection, honesty, and accountability, which are core components of recovery. The combination of educational insight, self-exploration, and group interaction is what made this method uniquely effective in promoting lasting change.

Newer Recovery / Drug and Alcohol Groups & Topics

★ Earworm and Recovery Connection – Exploring music and emotional triggers as part of recovery groups.

★ Recovery Reflection and Growth – Deep reflection on self-comparison and introspection; included thought-provoking questions for group work.

★ Emotional Growth and Recovery – Coping skills, respect, and body language; how to engage even in challenging social interactions.

★ Personality Types Analysis – Understanding self and others; introspection questions tailored for NA reflection.

★ Aerobics Cube Idea – Group activity framework; full engagement for large groups (160 participants) with structured reflection.

★ Lily Pads and Art Therapy – Creative metaphor for navigating recovery; applied in an hour-long group session.

★ Hypographia and Acquired Alexia – Structured group discussion around writing, reading, and reflection; booklet-style group activity.

★ 10 Recovery Principles – Teaching pyramid-style principles for recovery; included visualization and reflection exercises.

★ Grief as a Teacher – One-page Marcel essay approach for grief coping skills in recovery.

★ Coping Skills – Classic coping skills session; Marcel-style narrative for group discussion.

Written by Marcel Ray Duriez

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